THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. LXXVII. Thursday, November 28, 1867. No. 17.

THE CHARITIES OF FRANCE.

[Communicated for the Boston Medical and Surgical Journal.]

A book with the above title has appeared this year, "not published," being intended for private distribution only, from the pen of Dr. ——, a name well known in Boston. It contains much valuable information, some of which might prove of general interest.

The writer remarks: the testimony of travellers, statistics and public reports show, that during the last quarter of a century, the magnitude of the improvements, the thrift, well-being and prosperity of the population of France have fully equalled those of any country on the face of the earth. The cause may be fairly ascribed to the long-continued peace, the general diffusion of education and intelligence, and a greater sense of religious obligations. Still, we know that large numbers are receiving aid, and one is led to wonder by what instrumentalities so much is accomplished, and why there is so little evidence, too, of public misery.

The first chapters describe the charities as they existed one and two centuries ago, when the Church was made the chief almoner; and from their comparative superior intelligence the males had medical and surgical charge of the hospitals, while the females of the Church had a care for the nursing. Hence the hospitals were near or attached to the church edifices. "The place of suffering and the place of prayer are both the house of God."

Many of the accepted arrangements of those days would be considered barbarous now. We can judge, too, how painful to witness, and how dreadful to bear, and more fatal, must have been the suffering before anæsthetic agents were introduced. This generation cannot realize that condition of agony, nor feel sufficiently grateful for these beneficent discoveries.

In Chapter VIII. is discussed the question as to the number of sick who can be safely admitted to any one hospital, without the risk of becoming unhealthy in itself, or a focus of disease for the vicinity. Statistics indicate nothing in favor of those hospitals with the fewest number of beds. Healthiness or mortality depends upon the crowding of the wards, their size, and their ventilation. Experience proves that small hospitals have no advantage over large ones. The hospitals of France do not compare in size with some of those in other countries. The hospital at Vienna contains 2,000 beds; that at Rome, 2,000; and that of Milan is designed for 3,400 beds, and recently contained as many as 2,800 patients.

There is so much similarity in plan and government of hospitals in the great cities of Europe and America, that it is hardly necessary to give minute details respecting such institutions in France. The writer says, the new City Hospital in Boston can hardly be surpassed for the perfection of its details.

Heating is done by hot water, by steam and hot water, and by hot air. Preference is given to the last-named mode. Ventilation is better effected by mechanical means than by open doors and windows simply, as in the London hospitals, without reference to the inconveniences and dangers from draughts of air of this latter method. In the North of France, the floors of public hospitals are washed. In Paris, they are rubbed with wax, the physisicians preferring what is called dry cleaning to wet cleaning. Iron bedsteads have re-placed wooden ones, and the elastic bed the straw mattrass. It is considered more safe and cleanly to furnish all patients on entrance into the hospital with suitable clothing, and to discard their own for the time being; contrary to the American and English plan. Each patient has 14 shirts, 10 pillow cases, and 16 sheets; so that in a hospital of 100 persons, there would be necessary 1400 shirts, 1000 pillow cases, &c. So many abuses were ascertained while the washing for the hospitals was done by contract, by outside parties, that now it is done in the laundries of the various institutions, wherever it can be; where there is no laundry attached, the washing is sent to some other hospital. At La Salpétrière alone, in 1861, were washed 3,609,368 pieces of linen. Ample provision is made for baths, the use of the warm bath being much more general, among all classes, than in England or the United States. In 1756, there were two bath tubs at the Hotel Dieu, the only provision made for bathing for the sick poor of Paris. In 1861, the number of baths furnished at the Hospital St. Louis, to poor out-door and in-door patients, was 108,817; and the number furnished, the same year, by the various hospitals of Paris was 453,981.

The administration of public relief of the poor is placed under the "Prefect of the Seine" and the "Minister of the Interior." The Minister, on nomination of the Prefect, appoints a Director; and a Board of Council is appointed by the Emperor on nomination of the "Minister of the Interior," except two Prefects. This administration gives the estimate of numbers for relief for 1865 as follows:—

In hospitals,	91,355
In hospices,	13,134
In convalescent hospitals,	752
Abandoned children in the Foundling Hospital,	542
" " placed in the country,	23,416
Registered poor,	100,000
Sick treated at their dwellings,	30,000
Total,	259,199

Hosp*itals* are for the sick. Hosp*ices* are for the aged, infirm, insane, incurable diseases, and destitute children. The hospitals are divided into two classes:—

1st. Those devoted to the treatment of acute diseases and injuries, of which there are eight, viz.:—Hotel Dieu, containing 842 beds, one of the most ancient in Europe; La Pitié, 624 beds, founded in 1612 by Mary De Medicis; La Charité, 494 beds, founded in 1606; St. Antoine, 352 beds, ancient abbey of St. Antoine; Necker, 403 beds, founded by Madame Necker in 1779; Cochin, 123 beds, founded by Mons. Cochin, a clergyman, in 1780; Beaujon, 440 beds, founded in 1780; Lariboisière, founded by Madame Lariboisière, who died in 1846, leaving a bequest of 2,900,000 francs.

2d. Those for especial diseases, of which there are eight also, viz.:—St. Louis, 853 beds, founded by Henry IV., in 1607, principally for diseases of the skin and chronic complaints; Hôpital du Midi, 336 beds, for venereal diseases of men; Lourcine, 276 beds, for venereal diseases of women; Children's Hospital, founded in 1735, with a branch in the country—St. Eugenie—425 beds; Lying-in Hospital (La Maternité), 402 beds, in the ancient abbey of Port Royal; Clinique, 146 beds, principally for lying-in patients; Maison Imperiale de Santé, 300 beds, situated in the Rue St. Denis, and occupied by paying patients.

Among these special hospitals, La Maternité is one which receives women in the ninth month of pregnancy, and cares for them until one week after confinement. The object aimed at is, to induce mothers, especially unmarried ones, to nurse their own children, and save the public thereby the expense of their support. Great success has attended this effort, since it is found, when once the mother has consented to nurse her infant, she is in little danger of abandoning it.

The Hospices are:—

Hospice for insane (men's),	854	beds.
" " (women's),	1341	"
" for old men,	1705	"
" for old women,	2790	"
Incurables (men),	427	"
" (women),	669	"
Ménages, at Issy, for aged couples, widows and widowers,	1383	"

This last charity, for aged couples, is designed "for those who, without being actually in a state of indigence, have not sufficient means to live." It is a creditable, useful, interesting charity. A part of the establishment is new, and is described as well worth seeing, for its elegance and beauty.

Besides the relief afforded by these hospitals and hospices, this administration acts as trustee of several foundations which have been established at different periods by benevolent individuals.

Then there are various hospitals, civil and military, not under the charge of this general administration, as the Imperial Maison de Santé, at Charenton, the Sourds Muets, the Quinze Vingts, and the Jeunes Aveugles. Also two prominent ones—the Asile at Vesinet for convalescent women, and the Asile at Vincennes for convalescent men. These inmates are convalescents sent by other hospitals, and retained for three weeks, in order to gain strength for a return to work.

The establishment of separate hospitals for children is found to be a great blessing. It secures for them a better moral and religious training. In chronic diseases, demanding a treatment of four, five and six years, the requirements are supplied of schools, work-shops, open grounds, air, exercise, gymnastic apparatus, &c. In America, children have separate wards; but much remains to be done in affording distinct establishments. The experiment of the late Amos Lawrence, in opening a "children's infirmary," at Boston, in 1846, was perfectly successful; and was only given up, after about two years' existence, on account of the large average expenditure for so small a number of inmates.

The "Sisters of Charity" are an important feature of, and a great advantage to, the hospital system of France For centuries these women have gained universal veneration. They have no pay; and render an amount and kind of service that could not be secured from hired attendants. Voltaire, who ridiculed everything, spared the "Sister of Charity." The principal orders are—St. Vincent de Paul, St. Thomas de Villeneuve, St. Martha, St. Mary, St. Augustin.

The book contains full and interesting accounts, too, of many other charities. Among them, the Salle d'Aisle, which corresponds to our infant school system. The Crèche, which cares for children under two years of age during the working hours of the mother. The provisions, excellent and extensive, for the care of foundlings and orphans; and of abandoned children, whose parents are known and have cared for them, but who have forsaken them and concealed their residence. Pawner's banks, a form of charity which has existed in Europe for centuries; and a new charity, founded by Eugenie, in 1862, called "La Société du Prince Imperial," which is a kind of "Poor's Man's Bank"—neither a savings bank nor a pawner's bank.

The importance of labor adapted to the strength and capacity of the inmates in many of the institutions, is now considered so essential that, in the hospices, it is compulsory. Experience has shown that suitable labor lessens the tendency to infirmities, prolongs life, promotes cheerfulness and good order, and hygienic advantages; and the little sums gained act as a stimulus, and procure luxuries of which they would otherwise be deprived. While with idleness the strength fails, *ennui* supervenes; and for those who have hitherto led a laborious or active life, the coveted inactivity is only a means of decay and death.

SURGICAL CASES.

By William Otis Johnson, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Happening recently to have quite a number of cases in minor surgery on my hands, at the same time, they exacted more attention in the aggregate than they usually get when isolated, and four or five of them seemed each to possess some special feature of interest.

1. *Foreign Body in the Rectum.*—Child, æt. 6. While at stool, suddenly felt sharp pain near the outlet of the rectum, and was unable to control further and constant efforts at defæcation; unable to rise from the vessel, or bring its thighs together. After about half an hour, the mother passed a finger into the passage, and felt what she supposed to be a piece of glass. In about another half hour I found the child as described; had it placed, thighs still wide apart, in a favorable position, and removed, with dressing forceps, a spindle-shaped, jagged, hard-wood chip, one inch and a quarter long and one third of an inch wide, lying transversely within the inner sphincter, each end buried in the mucous tissue. The chip had probably been swallowed with bread.

2. *Gun-shot Wound through the Bottom of the Lung; absence of Symptoms.*—A young woman, æt. 22, was intentionally shot by a person standing about four feet behind her. Startled by the shock, but anxious to divert public attention, she walked an eighth of a mile to her lodgings, with an increasing sense of suffocation at every step. I arrived in half an hour after she was shot. Patient in bed, lying upon her back. There were dyspnœa and a dread of suffocation, when her shoulders were raised. Pain was referred to a spot between the ninth and tenth ribs, near the junction with the common cartilage. On examination, I found slight swelling and abrasion at this point. Turning her upon her right side, I found the orifice of entrance (which she felt and knew nothing of) about two inches below the point of the scapula, and so small as to admit even a probe with difficulty. Re-examining in front more carefully, I felt quite sure of the location of the ball, cut down upon and removed it. No cough or emphysema; slight dyspnœa at first. Recovery took place in two weeks.

3. *Longitudinal Cut and severing of the Radial Artery.*—Boy, æt. 14. Patient made a deep cut in the left wrist with a very sharp,

large-bladed "cloth-knife." Blood spurted in jets till faintness occurred. Bleeding was temporarily arrested by a pad bound tightly over the flexure of the elbow. He was brought to me half an hour afterwards. Wound an inch and a half long, half an inch wide at the middle, and filled by a large clot rising half an inch above the surface, and nearly solid. Removed the tourniquet, and found no recurrence of bleeding. I reduced the clot two thirds of its size by pressure with loose-textured rags, and used it as a plug instead of tying and direct union. The granulations were rapidly absorbed, and the line of connection was as fine as in direct union.

4. *Fractured Clavicle.*—Boy, æt. 8. Direct violence half an inch anterior to the middle of the clavicle. A roll of two-inch bandage, one and a half inch in diameter, in axilla, stitched to a slip of wide roller passing around the opposite side of the neck. A sling, tightened so as to keep the hand two inches above the elbow, was the only application practicable, and sufficed. Callus nearly absorbed by the twenty-fourth day. No restraint upon free and rapid motion. No deformity at that time.

5. *Replacement and Union of a detached Part.*—A. B., æt. 45, carpenter, got the outside of his left thumb against a steam-power circular saw. The thumb was cut through at the junction of the first and second phalanges; the latter thrown back and held by a shred of skin, like a hinge, and the metacarpo-phalangeal joint of the forefinger cut across—without displacement, however. The detached end of the thumb was replaced and held in position till I saw him, fifteen minutes afterwards. Against his desire, I thought best to incur the risks of attempting union, but told him of them. Three sutures steadied and held the parts, which were carefully dried (not washed) and covered with lint. Thin splints, as in fracture, and a bandage were applied. Union perfect, and the only inconvenience is a stiff joint.

Boston, November 16, 1867.

PISTOL-SHOT WOUND OF THE FOREHEAD.

To the Editors of the Boston Medical and Surgical Journal.

THE following surgical case may be interesting to your readers, as it is illustrative of the extraordinary tenacity of human life.

A young officer, Herman W. Libjencrantz, 1st Lieut. Co. D, 103d Regiment U. S. Infantry, was, on the 24th day of December, 1865, severely wounded while on duty in Georgia. The wound was caused by a pistol-shot, the ball entering the forehead just above the nose, half an inch nearer the right eye than the left, and nearly between the eyes. There was little hæmorrhage from the wound, but from the eyes, nose and ears the blood flowed profusely. A common silver probe was passed directly into the brain its whole length without finding the bullet, and a considerable portion of brain escaped, perhaps three teaspoonfuls.

The Lieutenant was totally insensible five days, confined to bed six weeks, unable to move, during this time either unconscious or delirious, and no expectations were entertained of his recovery. After this time he rapidly gained strength, and seems now not to suffer from the effects of the wound, although the ball yet remains in his head. I am of the opinion that it passed entirely through the brain, and is now in the opposite side of the head from the point of entrance.

WARREN M. BABBIT, M.D.,
Late Surgeon 103d U. S. Infantry.

Randolph, Mass., Nov. 15, 1867.

NOVEMBER, 1867.—At the request of Lieut. Libjencrantz, I have examined his head, and make the following statement:—He has a small scar, with depressed bone, over the frontal sinus. Since his recovery, he has been subject to attacks of an epileptiform nature, twenty or more in number, during which he is completely insensible for about fifteen minutes. The attacks, at first occurring at intervals of about two weeks, are now somewhat rarer, and preceded by a sense of apprehension and "stupidity," and by a numbness of the left hand. He is otherwise, as he says, well.

HENRY J. BIGELOW.

REVALENTA ARABICA.

[Translated from the Journal Illustré for the Boston Medical and Surgical Journal.]

I SHALL perhaps greatly surprise your 500,000 readers by informing them that all the diseases which afflict humanity may be cured by powdered beans and lentils; for the marvellous Revalenta Arabica, the universal panacea, which "absorbs and eliminates all which is diseased in the system, and restores to perfect health the stomach, nerves, lungs, liver, glands, bladder, kidneys, brain, blood and mucous membranes," is nothing else than the flour of these substances.

Some ten years since, the manufacturer of the revalenta was convicted for selling goods under a false name; the judge deciding, "You deceive the public in leading them to believe that the Revalenta Arabica is a precious remedy, obtained from a distant country, while it is merely the flour of beans and lentils."

This was admitted by the house of Du Barry, in a law-suit which they have recently lost. They had sent to Austria 187 boxes of their merchandize, at the low rate of freight charged for provisions; but the railroad company, regarding the goods as being what was claimed for them, an article for the benefit of the sick, demanded the ordinary rate for transportation. The house of Du Barry then declared that the famous revalenta was only a mixture of lentils and beans, and therefore entitled to be carried as provisions.

Thus lentils and beans, according to the announcement of the virtues of the revalenta, cure all diseases, including "deafness, paralysis, gout, epilepsy, and even melancholy"—which, perhaps, explains why school-boys, who are such large consumers of beans, are so gay! ⁂

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY P. O'M. EDSON, M.D., OF ROXBURY, ASSIST. SEC.

A STATED quarterly meeting of the Norfolk District Medical Society was held at Dedham, Nov. 13th, 1867, at 10, A.M. The President and Vice President being absent, Dr. Alden, of Randolph, was chosen Chairman *pro tem.*

The records of the last meeting were read by the Secretary, Dr. Jarvis, of Dorchester, and were approved.

Dr. Arnold, of Roxbury, read a paper upon Acupressure, giving a clear and succinct description of its methods, and the uses to which it may be applied. These he illustrated with large diagrams, and exhibited the various instruments employed. Paper on file for publication.

Dr. Robinson, of Roxbury, showed a specimen of necrosed bone which he removed from the femur, October 19th, 1867. The patient, an officer, was wounded at Coal Harbor, Va., in June, 1864, and had his thigh amputated immediately after, at the lower third. The stump healed kindly, but on the following October he fell upon the end of it, and necrosis of six or more inches of the os femoris was the result. The entire shaft was involved; and, when first seen by Dr. Robinson, the bone protruded about an inch, and the whole of the remainder was enveloped in a large cylindrical mass of callus. By careful manipulation, strong torsion and traction, the patient being completely etherized, the bone was liberated and removed. Very little hæmorrhage followed its removal. Patient slept well the following night, has had no subsequent trouble, and is now doing well.

Dr. Robinson also exhibited a breast which he had removed a few days previously, for scirrhous cancer. The tumor involved the gland, and had already become ulcerated. The skin adhered to the diseased mass. No disease in axilla. Severe hæmorrhage occurred the day previous to that of the operation, but it was controlled by compression. The whole gland removed. Cancer cells shown by microscope. Patient doing well; wound healing.

Diphtheria; Tracheotomy; Death three days after the Operation, and fifteenth day of the Disease.—Dr. Campbell, of Roxbury, reported the case.

The patient was a boy, 11 years of age. Membrane appeared on the third day of the disease, with swelling and tenderness of the tonsils and cervical glands. Membrane at first extended from the fauces to the nostrils, and afterwards descended to the trachea. There was albuminous urine and hæmorrhagic spots on the hips about the tenth day; prostration was not marked at any period, and the pulse counted about 100, and regular till near the end. Intellect was clear to the last, when he died very suddenly. The treatment consisted at first in the use of weak gargles of hydrochloric acid and water; and as the membrane became detached and fœtid, chlorated gargles were used, and saturated solution of chlorate of potash, inhalations of steam, and insufflation of finely powdered alum. The general treatment consisted in the use of tincture of muriate of iron, chlorate of potash, quinine, stimulants, and food.

Tracheotomy was performed to meet an urgent call, and for a time gave hopes of recovery. After the operation, as the disease became developed in the bronchiæ, calomel, in doses of two grains every two hours, was used, for the purpose of modifying the exudation; but all to no purpose, the patient dying next day. He thought diphtheria a disease akin to erysipelas, and that the throat symptoms were not the disease, but only one of its manifestations.

Dr. Faulkner, of Jamaica Plain, thought the local treatment in this case had been sufficiently active—more active than he would feel warranted in employing; he was in the habit of trusting to much less active local treatment—such as simply removing anything that lay in the throat, or interfered with respiration—but he relied on general support. He thought the patient would be fatigued rather than benefited by the too frequent use of gargles. The history indicated that the blood was already in a very poor state, contra-indicating the use of calomel. He *never* used calomel in such cases.

Dr. Alden, of Weymouth, thought that some of the older members of the Society would not fear the effects of two grains of calomel every two hours.

Dr. Tucker, of Stoughton, remarked that two grains every two hours would be be twenty-four grains in twenty-four hours, which he thought too much for a child of that age.

Dr. Robinson, of Roxbury, asked how long Dr. C. had continued the calomel, and if he had gained the effect desired.

Dr. C. answered, that it was continued twelve hours, and seemed to produce the desired effect, but did not save the patient.

Dr. Maynard, of Dedham, asked if there was any change, favorable or otherwise, as the quantity of albumen increased or diminished.

Dr. C. said there was some change for the better as the albumen became less abundant; but, again, as the disease increased, no urine could be obtained, so that nothing satisfactory could be said on that point.

Dr. Maynard then asked if there was any relation between the calomel taken and the albumen in the urine, as calomel is said to produce albuminous urine.

Dr. C. said that it was abundantly present before the calomel was administered.

Dr. Burgess, of Dedham, said he would like to hear the opinion of the members concerning tracheotomy in such cases.

Dr. Alden said it was often done, and he thought it a justifiable proceeding.

Dr. Stone, of Walpole, spoke of Dr. Campbell's remark, that diphtheria seemed to be a disease akin to erysipelas; and cited a case in his own practice in which well-marked diphtheria terminated in an attack of erysipelas.

Dr. Holmes, of Milton, reported a rare and interesting case of acute atrophy of the liver, with a reference to Herrick for a perfect description of the disease. A very careful autopsy and microscopic examination were made by Dr. John Homans, Jr., of Boston, who will publish the case hereafter.

Dr. Tucker, of Stoughton, read a paper, detailing briefly the history of several fatal cases occuring in his practice, and giving the *post-mortem* appearances found in each. ——'s father and grandfather had died of cancer. He first complained of severe pain in the hip which he attributed to rheumatism. Afterwards entering the Massachusetts General Hospital he was treated for disease of the hip joint, but went home without relief. One consulting physician thought there was a deep-seated abscess—others not. An attempt was made to evacuate the pus, but it failed. After suffering greatly for three weeks the patient died. *Post-mortem* examination discovered an abscess containing five ounces of pus lying immediately upon and around the head of the bone. Dr. Tucker believed that the patient would have recovered if the abscess had been opened sufficiently early. He next gave a history of three cases of intussuception occurring in children, and all within one year. The prominent symptoms were, severe pain in the abdomen, with local tumefaction, tenesmus and discharges of blood all coming on suddenly, and terminating in death within forty-eight hours from the beginning of the attack. These symptoms were so nearly identical in all the cases that, having ascertained the exact condition of things in the first case by a *post-mortem* examination, he did not hesitate to declare the second and third cases like the first. An autopsy in each case confirmed his diagnosis, showing several inches of invaginated intestine. He agreed with the suggestion made several years since by Dr. Stimson, that opening the abdomen would be a justifiable operation for the relief of such cases, but thought that, before resorting to so severe an operation, he would invert the patient, as is sometimes done in reducing a hernia, and knead the abdomen thoroughly. He thought that in most cases the diagnosis would be sufficiently positive to warrant abdominal section, and that the greatest difficulty to be overcome in the operation would be that of separating the invaginated parts, though in none of the cases he had just reported were there any adhesions between the two portions of the intestines involved.

Dr. Tower, of Weymouth, said he had seen one case, which he supposed was one of intussuception, and thought he should use injections of air into the intestines should he have occasion to treat another case.

Dr. Alden, of Randolph, thought all manipulation and all attempts to procure relief nearly useless, because of the extent of the intestine implicated and the likelihood of its becoming fixed in its unusual situation.

Dr. Wing, of Jamaica Plain, spoke of the difficulty of diagnosis as a reason why abdominal section should not be resorted to, and cited a case which had been regarded by eminent physicians as one of intussusception, but which proved to be one of inflammation resulting in the sloughing of the cæcum and appendix vermiformis, two or three baked beans being found in the latter.

Dr. Tucker continued his paper. In 1840, J. M., age 29, complained of intense neuralgic pain in the left side of his head. This continued in spite of all efforts for his relief, for eight or nine months when he died. There was found in left ventricle of the brain a fleshy tumor the size and shape of a robin's egg, and connected with the floor of the ventricle by a thread-like process an inch in length.

In May, 1844, saw a girl, six years old, who had all the symptoms of severe disease of the brain. The pupil of the right eye was much more dilated than that of the left. Under treatment the child seemed to grow better until she appeared quite well, and remained so for a month, though the pupil of the right eye remained much dilated. After the lapse of a month severe symptoms appeared again, and death quickly followed. The right ventricle of the brain was found to be greatly distended with fluid.

Dr. Tower, of Weymouth, read an elaborate and interesting report of a very complex case whose history and prominent symptoms were well calculated to baffle the best diagnostic skill. The patient, aged 68, had been active in business until a short time before applying for assistance, 23d October, although he had suffered for several months from dyspeptic trouble and from constipation for which he had been in the habit of using cathartics. There was distress after eating, which was relieved by vomiting. The bowels were full and hard, but no tumor was discovered. Complained of nausea and a peculiar "sinking" at the stomach. Malignant disease suspected.

Oct. 27th.—The general fulness of the abdomen having subsided, there was discovered and defined a pulsating tumor, a little to the left of the median line and just above the umbilicus. The tumor was thought to be an impaction of fæces, and the pulsation to be due to the impulse of the abdominal aorta upon which the tumor was lying. Insufflation of air was tried, but gave no relief.

Nov. 1st.—There was stercoraceous vomiting, and death soon followed. *Post-mortem* examination revealed a scirrhous growth surrounding and nearly closing the pylorus. This growth was small, and could not have been the tumor felt before death. The abdominal aorta was found to be symmetrically dilated. Dr. T. gave an analysis of the symptoms and their relation to the pathological changes found. (Paper on file for publication.)

Dr. C. E. Stedman, of Dorchester, gave a very brief history, all that could be got, of a case occurring in the practice of Dr. E. D. Miller. Mrs. V., aged 50, had been well, except from occasional flooding, but had suffered much mentally from the loss of a son in the army. On Monday, she was able to do some washing, though not well. On Tuesday, when Dr. Miller saw her, she had had some urinary trouble, with pain in inguinal region; a little tenderness; no swelling; no rigor; pulse quiet and regular. Took oil, which operated on Wednesday. Saturday, was better; no pain; no tenderness. Monday, had an intermittent pulse; no abdominal tenderness, but pain in cardiac region and dyspnœa; mind clear; died suddenly.

Autopsy, by Dr. Stedman, 36 hours after death. Body well nourished. Rigor mortis well established. Adhesions, and softened tubercle, size of a chestnut, at the summit of the right lung. Left lung healthy. Heart normal; pericardium filled with six ounces of amber-colored fluid. Odor, upon opening abdomen, exceedingly offensive. There was much pus and sero-purulent matter to be seen in the posterior part of the abdominal cavity. The lower portion of the intestines had a blush upon them. They did not have their usual shiny covering. Lymph increased in quantity till, near the bladder, pus appeared in thick layers on coils of the intestines. Pelvis filled with pus. One quart and a half of purulent matter was removed from the abdomen. The vermiform appendix was found apparently detached, semi-gangrenous, and containing a bit of fæces the size of a common bean. The serous coat of the neighboring intestines was highly inflamed, and the main reservoir of pus seemed to be in the areolar tissue over the iliacus and psoas muscles. The mucous membrane of the intestines looked healthy, as did the kidneys.

Dr. Alden gave a brief history of the circumstances of the death of Dr. Stone, of Sharon, who died Aug. 27th, 1862, æt. 69 years. Aug. 20th, he was as well as he had been, and took his dinner as usual. Soon after dinner, he had severe pain in the region of the gall-bladder, but was able to visit a patient. At 10, P.M., he was bled, and took calomel and an enema. Next morning, the agony was intense; extremities cold; skin clammy; vomited. Died at 9 o'clock. The contents of the intestines were found in the abdominal cavity, into which they had made their way through a ruptured sac or pouch four and one half inches in length. He could not say whether the pouch was congenital or not, nor whether it was made up of the usual layers constituting the intestinal tube.

Resolutions were passed signifying the desire of the Society that the physicians of Roxbury may retain their connection with the Norfolk District Society, after the annexation of that city to Boston.

A Committee reported a subject for discussion at the next stated meeting—" Standard of Medical Education " ; accepted.

The Censors reported that they had examined and admitted Dr. John W. Chase, of Dedham.

Dr. Asahel S. Deane, of Wrentham, late of Fall River, joined the Society.

At 1, P.M., the Society adjourned.

Bibliographical Notices.

Elementary Anatomy, in twenty Plates, presenting the full-length Human Figure, half the size of Life. Together with a separate Explanatory Text. The whole forming a Complete Manual of Physiological Anatomy. From the French of Bourgery and Jacob. The text translated by J. C. Comstock, A.M. Hartford: Kellogg & Bulkeley. 1867.

No anatomical plates have ever been published so complete in beauty and accuracy as those of Bourgery and Jacob. Their great cost, however, has kept them out of the libraries of all but the most wealthy of our profession. The present edition is an attempt to bring them within the reach of physicians of moderate means. Most of the plates represent the human figure in full length of half the natural size. Although done in lithograph, they favorably recall the elegant French originals, and the coloring, though hardly equal to that of the French plates, is sufficiently good—far better than could have been looked for at the moderate price for which they are sold. In the most important features, the accuracy of drawing and anatomical detail, the specimens which we have seen appear to be exact copies of the originals. The whole set of twenty plates cost, uncolored, twenty dollars; colored, forty dollars. If the whole series answers to the promise of the specimen numbers, it will be the cheapest anatomical work of so comprehensive a character that can be bought. The text accompanying the plates will form a handsome printed volume of more than three hundred pages. We strongly recommend it to the attention of physicians and students. (James Campbell is agent for its sale in Boston.)

Photographs of Skin Diseases, taken from Life, under the superintendence of Howard F. Damon, M.D., &c. Boston: James Campbell.

In this work Dr. Damon has attempted to give, by photographic representations, a faithful likeness of some of the forms of cutaneous disease. It is obvious that without color it must be quite out of the question to convey a just idea of many of these affections; but so far as their peculiarities consist in definite forms of eruption or change of texture of the skin, such a counterfeit presentment may give a very good idea of them. In those which we have seen, Dr. Damon has been entirely successful in these particular points. The photographs are very well executed by A. H. Lincoln, 556 Washington St., under his superintendence; and the fact that they are mirrored likenesses of the originals makes them of more value than any, except the most expensive colored plates of skin disease, with which we are acquainted.

Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh; Formerly Lecturer on the Practice of Physic, Physician to the Fever Hospital, &c. &c. Emeritus President of the Royal Medical Faculty of Edinburgh, and Member of numerous Scientific and Medical Societies in Europe and America, &c. Fifth American, from the Fourth London Edition. With five hundred and thirty-seven Illustrations on wood. New York: William Wood & Company. 1867.

The Clinical lecturers are doing the most at the present day for the advance of practical medicine. Among the most philosophical and sensible of his class stands Dr. J. Hughes Bennett. He is no mere theorizer, but supports his opinions on a firm basis of statistics which cannot be gainsaid. Witness his admirable Essay on the supporting (not the stimulating) treatment of Pneumonia, with its triumphant results in comparison with those of the old antiphlogistic and depressing methods. We are inclined to think that the latter methods have been clung to with more tenacity by the generality of physicians in Great Britain than in the United States, where the expectant method with slight modifications has prevailed of late years to a considerable extent.

In the present edition of this work Dr. Bennett has introduced some new considerations on the subject of General Therapeutics, with refer ence to the natural progress of disease, the knowledge derived from an improved diagnosis and pathology, the fallacy of the change of type theory, together with an inquiry into our present means of treatment, and the proposition that physiology and pathology are the true foundations of medical practice.

A large number of cases is given in illustration of the various subjects treated, and the wood-cuts, although not in the highest style of art, are most of them important aids to the text. The volume concludes with a good Index, and as a whole contains in its ten hundred and twenty-two pages more sound medical philosophy, and more information with regard to the most advanced opinions on the subjects discussed than in our judgment can be found within the same compass elsewhere. We know of no book on the subject of Clinical Medicine which we can more cordially recommend to undergraduates in medicine than this.

A Biennial Retrospect of Medicine and Surgery, and their allied Sciences. Edited by Mr. H. Power, Dr. Anstie, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnes and Dr. C. Hilton Fagge, for the New Sydenham Society. Philadelphia: Lindsay & Blakiston.

In these days of mental activity there is no way for a medical practitioner to pretend to keep up with the progress of ideas in his profession without resorting to publications like the subject of this notice. Neither Braithwaite nor Ranking make it superfluous, but each contains matter which the other could not find room for. The contents of the present handsome volume are in the form of Reports by the different editors. Mr. Power gives the report on Physiology; Dr. Anstie on Practical Medicine; Mr. Holmes on Surgery; Mr. Windsor on Ophthalmic Medicine and Surgery; Dr. Barnes on Midwifery and the Diseases of Women and Children; Dr. Fagge on Medical Jurisprudence, and also the report on Materia Medica, and General Therapeutics, and the report on Public Health. The names of these gentlemen are a sufficient warrant that the work assigned to them has been well done. We are glad to observe a fuller recognition of the labor of our own countrymen than is usual in similar English works. The work is very handsomely printed and is supplied with a copious Index.

Injuries of the Eye, Orbit, and Eyelids: their Immediate and Remote Effects. By George Lawson, F.R.C.S. Eng., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and to the Middlesex Hospital, &c. With numerous Illustrations. Philadelphia: Henry C. Lea. 1867.

Prof. Fick, of Zürich, commences the preface to the second edition of his Medicinische Physik, published in 1866, as follows: "By a peculiar concatenation of accidental events, there has come to pass a curiosity in the history of education, the tenacious continuance of which will be an enigma to future generations. I mean the system, existing in nearly the whole civilized world, which demands of those who wish to devote themselves to medicine, an exact knowledge of Greek and Latin, but not a solid mathematical training, and yet the latter is properly the only possible safe foundation of medical culture.

In fact, processes of movement of material masses in space and time, maintained and changed by the mutual action of these masses upon each other, constitute a subject-matter of medical science. But the only scientific form of investigating and representing such processes is, as we know, the mathematical."

However it may be as regards the truth of this very interesting quotation, and whether it be prophetic or not of future changes in preparatory medical education, it is yet apparent that medical science of to-day presents two aspects; the one looking to truth for the sake of classifying and explaining known facts and of assistance in the discovery of new ones; the other contemplating an equally important object, the practical application of knowledge to the cure of diseases. To the interests of the latter more immediately useful branch of medical science the book under notice is especially devoted. It is an 8vo. of 408 pages. The eleven chapters treat of matters, as follows:—Chap. I., Superficial Injuries of the Eye; II., Injuries to the Eye from Burns, Scalds, and Chemical Agents; III., Penetrating Wounds of the Eye and other Injuries of the Cornea and Iris; IV., Traumatic Cataract; V., Capsular Opacities and Dislocations of the Lens; VI., Foreign Bodies within the Ear; VII., Traumatic Intraocular Hæmorrhage and Rupture of the Globe; VIII., Gunshot Injuries of the Eye; IX., Sympathetic Ophthalmia; X., Injuries of the Orbit; XI., Injuries of the Eyelids. These subjects are treated in a very clear, able and instructive manner; so much so, that we do not hesitate to consider it a very useful book for the profession generally, and especially for those who may be consulted more frequently in similar cases. In fact, any ordinary commendation would be within the limits of its just merits. Following the above chapters are an "Abstract of the Surgical Report of the Royal London Ophthalmic Hospital, Moorfields, 1866," some test-types, said to be corresponding to those of "Edward Jäger of Berlin" (instead of Berlin, it should read Vienna, as indeed in the English edition); finally, a copious Index. The mechanical execution of the book is hardly inferior to that of the English edition; altogether, it is a very acceptable addition to American reprints. H.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 28, 1867.

ARTIFICIAL RESPIRATION IN CASES OF DROWNING.

The announcement in the daily papers of deaths by falling through the ice, brings forcibly to mind the subject of artificial respiration among the means to be employed in the attempt at resuscitation in such cases. Marshall Hall's, or the Sylvester method (the latter, in our opinion, the better of the two), are mainly relied upon at the present time to accomplish this purpose. A melancholy occurrence a few miles from Boston, a short time since, in which three young persons lost their lives by drowning, prompted a correspondent, Mr. C. W. Spofford, of Groveland, to suggest to us what he thinks would be a valuable aid in such instances to the other methods employed. He advises the use of pliant rubber or leather discs, such as are used by boys for lifting weights, under the name of "suckers." These discs, well softened in water if of leather, are to be applied to both front chests and used in expanding the thoracic walls during the forced inspiration, the introduced air being expelled by gentle pressure during expiration. The experiment is well worth trying as an accessory to other methods having the same object in view. As yet, its efficacy has not been tested. There is a contrivance which is sometimes used as a movable handle for pulling out table-drawers, consisting of a piece of soft rubber, with a drawer-knob at the back, which would probably answer very well for the purpose.

All of these methods of setting in motion the function of respiration, after its suspension by drowning or by any other agency, are defective, however, and unsatisfactory from their insufficiency. A simple test of this any one may try upon himself, by simply attempting to carry on respiration in his own person by expanding his chest to the fullest extent possible by either the Hall or Sylvester method, and allowing the small quantity of air thus introduced to escape in expiration, continuing the process without any other effort than that employed in these methods. He will find, however, that the *besoin de respirer* soon becomes intolerable, and can only be satisfied by a long, full, diaphragmatic breath, which relieves him of his discomfort.

The defect, then, in these various methods is that they do not accomplish enough. They overlook the fact that the diaphragm is the great muscle of respiration, and that the quantity of air introduced by the elevation of the parietes of the chest stands in relation to that drawn in by the contraction of this muscle in the proportion of 3 to 10 or 12. It is to direct inflation, then, that we must look for the most effective means of reëstablishing suspended respiration.

The proper method of performing this is by the introduction of a tube into the nostril of the asphyxiated person, the nose being tightly compressed against it by the thumb and forefinger of one hand, while the other is placed over the mouth to prevent the escape of air. Air is to be gently blown in from the mouth of the operator until it thoroughly fills the lungs, which is easily accomplished without any great effort. The air is then to be allowed to escape by the natural contraction of the walls of the chest, aided by moderate pressure over the base of the chest. The process should be repeated at the rate of ten or twelve times a minute. A clean pipe-stem of sufficiently large calibre, or a quill, is a convenient instrument for the purpose.

It is to be remembered that the lungs in a state of asphyxia are in the condition of those of a dead body; all the air has left them that the rigidity of the chest permits. In common respiration, the lungs are by no means thus thoroughly emptied. According to physiologists, only from 10 to 13 per cent. of the air in the chest is drawn in and expelled in each act of respiration. In the act of drowning, the last thing observed is the escape of the *residual* air as it bubbles to the surface of the water. Of course it is important, in establishing artificial respiration, to imitate as closely as possible the conditions and the processes of nature. By insufflation the lungs are fully distended, and are thus brought as nearly as possible into their natural condition, whereas in the Hall and Sylvester methods only one quarter as much air is introduced, and absolutely none to replace the residual air. It is important to remember, also, in this connection, that it has recently been discovered, that the vitalizing process is carried on much more fully and completely in slow and full respiration than when the same quantity of air is inhaled by short and rapid breathing.

In these few remarks we have confined ourselves wholly to the consideration of the means of reëstablishing respiration in cases of asphyxia; of course, the well-known methods of restoring animal heat are not to be neglected. We are indebted for some of the considerations which we have offered to a recent interesting article in the *Archives Générales de Médecine* by Dr. Marchant, Physician of the Imperial Veterinary School at Alfort.

The late Dr. Robert Watts.—At a meeting of the students of the College of Physicians and Surgeons, New York, held in the Hall of the College, Oct. 18th, 1867, the following preamble and resolutions were adopted:—

Whereas, We, the students of the College of Physicians and Surgeons, have heard with sincere regret of the death of our late Professor of Anatomy, Dr. Robert Watts, and whereas we ever found in him an able and efficient instructor, a true and sympathizing friend; therefore, be it

Resolved, That while we would ever recognize the will of an All-wise Providence, we deplore the death of one so eminently qualified by rare mental attainments, and by the naturally pleasant traits of his character, for the position, the duties of which he so long and faithfully performed.

Resolved, That we tender our heartfelt sympathy to the family of the deceased, and would comfort them with the assurance that he has left behind him many enduring fruits of a useful and well-spent life.

Resolved, That as a tribute of respect to the memory of our late Professor, we as a class attend his funeral, and wear a badge of mourning for thirty days.

Resolved, That a copy of these resolutions be sent to the family, and also that they be published in two of the New York daily papers and in two of the leading medical journals of the United States.

FRANK W. ROCKWELL,
JOHN J. PRENDERGAST, *Comm.*
WILLARD PARKER, JR.

Phosphate of Soda in Small Doses.—In a paper published in the *Edinburgh Medical Journal*, Dr. William Stephenson, Extra-Physician to the Royal Hospital for Sick Children, highly extols the virtues of this salt in small doses, in cases of intestinal trouble in young children. In the case of an infant four months old, brought up on artificial food, a pinch of the phosphate, given in each bottle of milk, converted its white, chalky-looking evacuations to a natural, healthy condition in twenty-four hours. Dr. Stephenson availed himself of his opportunities in the Childrens' Hospital to experiment somewhat extensively with this salt in similar cases, four or five grains being administered each time. We quote the following passage:—

> The class of cases for which it was ordered were wherever, from an unhealthy character of the motions, the visceral secretions seemed to be abnormal. The first point that became apparent was, that in a great majority of cases where the color of the stools was abnormal the natural yellow appearance was restored. This was the only appreciable result in many cases; but, at the same time, it was observed that some forms of diarrhœa at once yielded to its action. Several cases of chalky motions, similar to the one narrated, have been treated with the same beneficial results; and now, in this disorder, I have entirely discarded gray powder, and rely on the phosphate alone. Thus far, an action on the liver is clearly indicated, which becomes confirmed by the result in the following cases of jaundice.

A number of cases are given in detail, showing the efficacy of this salt in an irritable condition of the bowels, even in adults. In conclusion, Dr. Stephenson says:—

It may be given continuously to the youngest and most delicate children with perfect safety, and, in so prescribing it, we are giving a salt of the greatest importance to the general economy when absorbed. It promotes a healthy secretion of bile, and of itself can aid in the assimilation of fatty matters. In regarding the cases where it is indicated, one cannot but be struck by the similarity which exists between its action and that often sought by the administration of gray powder "in alterative doses." As a rule for its prescription, I am in the habit of telling my students, that wherever their minds suggest the ordering of hydrargyrum c. creta as an "alterative," they should try first the phosphate of soda. The advantage of the latter over the former, where it has to be continued for some time, is patent to every one. Where the purgative effect, however, is desired, the former is to be preferred. * * * * *

The cases for which I now recommend it are chiefly the following:—

In infants who are being artificially reared, and who are liable to frequent derangement of the bowels; also where the phosphatic elements in the food seem deficient, or where articles of food rich in phosphates, such as oatmeal, disagree; where, from the character of the motions, there is deficient or defective secretion of bile. It is thus of service in cases of chalky stools or white fluid motions. I have also found it of service in many cases of green stools. In diarrhœa, generally, it is more difficult to distinguish this class of cases. In simple diarrhœa, such as we frequently meet with in the summer months, I have not found it of much service alone, although it may be of use when given in combination with other remedies. It is chiefly in that class of cases which are more properly termed duodenal dyspepsia that it is of benefit. Diarrhœa after weaning is generally of this nature, and the cases are often chronic, or of some weeks' standing—the mother generally having exhausted her own and the nearest druggist's resources before applying for advice. It is also of service in some cases where the diarrhœa is due to some general cachexia.

In adults it has relieved constipation when taken in drachm doses in the morning. I have seen benefit also derived from it where there was a feeling of fulness and sometimes pain in the epigastrium some hours after taking food. In one case of phthisis, the patient said he always felt lighter and better when he took it after his food. I cannot but associate its action with the recorded success derived from the use of the hypophosphite of soda in phthisis; and I am inclined to conjecture that this remedy is to be found beneficial in cases where duodenal dyspepsia is well marked, and that the good results are due to the aid in the assimilation of fatty matter. To theorize, however, is easy, but not always of advantage, and I prefer to leave the matter for further observation.

The doses in which I generally prescribe it are, for children, from 4 to 10 grains in the food, and for adults, from 20 to 40 grains dissolved in water, and taken after meals. I have several times observed, that when given in too small quantities it had not the same effect.

The Sexual Relation in Marriage.—We find, in the *Buffalo Medical and Surgical Journal*, a singular dissertation reported as read before the Buffalo Medical Association, by Dr. H. M. Congar, the object of which is to show, that the majority of uterine disorders are caused by sexual excesses. The author then attempts to define what is sexual excess, and in a somewhat labored argument, based mainly on the old Jewish law, arrives at the following ten laws, which he satisfies himself primitively governed what he calls "matrimonial amours."

1. Parties of both sexes, on entering first marriages, should invariably be virgins.
2. After marriage, the only legitimate incitement to matrimonial amours, is desire for offspring, under divine guidance.
3. The most thorough bathing of the whole persons, and a full change of night

apparel and body linen should invariably and at once follow every seminal emission, nocturnal and diurnal, and every season of amorous fruition.

4. No sexual intercourse is allowable for three days, at least, prior to all important and characteristic Christian public services.
5. No amorous fruition is allowable during the menstrual periods.
6. No amorous fruition is allowable during the seven days succeeding the cessation of each menstrual flow.
7. No sexual intercourse is allowable during the entire period of pregnancy.
8. No amorous fruition is allowed during the first thirty-three days after the cessation of all lochial discharges which follow the birth of sons.
9. No amorous fruition is allowable for the first sixty-six days after the cessation of all lochial discharges which follow the birth of daughters.
10. The husband and wife may demand of each other amorous duty and privilege, whenever sanctioned by the second, and not interdicted by the fourth, fifth, sixth, seventh, eighth and ninth of these laws.

Any departure from these rules the author regards as excess.

The Buffalo Medical Association passed a vote of thanks for the paper.

Simple Contrivance for a Nasal Douche.—Mr. Christopher Heath describes, in the London *Lancet*, an ingenious and cheap substitute for the various more or less elaborate and expensive forms of apparatus that have come into use of late for syringing the nasal passages. Mr. Heath describes it as follows:—

> The apparatus I employ is simply a stout India-rubber tube five or six feet long, with a perforated metal weight at one end, so grooved that water can pass through it when standing on a flat surface. At the other end is an ordinary gum-elastic enema nozzle, which may be perforated with more than one hole if preferred. The whole arrangement was contrived by Dr. Rasch as a vaginal douche, and described by him in the Obstetrical Transactions. * * * * An ordinary ewer being filled with tepid water, the weighted end is dropped into it, and the tube "payed in" for two or three feet. The ewer being then raised upon a chest of drawers, or some convenient elevation, the patient squeezes the tube in the water, and draws it over the lip of the ewer, when, being converted into a syphon, the water immediately begins to flow along it. Perfect control can be exercised over the water by the pressure of the finger and thumb, whilst the patient places his head over a basin and inserts the nozzle into his nostril. On permitting the flow of the water, a stream is immediately established between the nostrils so long as the mouth is kept open; and the current can be reversed, arrested, or diminished with the greatest readiness.
>
> The immediate relief to both the patient and his friends by simply washing out the nostrils in this manner, in a case of ozæna, is very remarkable. Not long since a young woman suffering from this affection told me that she had lost a situation on account of the offensive odor she exhaled, and begged for a certificate that she would be no longer offensive to others. In this case, on the first use of the tube, enormous pellets of stinking matter came away; and by the subsequent use of a disinfecting lotion she was rendered perfectly comfortable.
>
> The simplest disinfectant is the permanganate of potash; and, in mild cases, this will often effect a cure. More active chemical solutions can be employed in suitable cases; and it is by no means necessary to employ large quantities of these, since, as pointed out by Dr. Rasch, by compressing the end of the tube whilst full of water, it can be transferred to a small vessel holding the lotion, and will still act as a syphon.

Secretion of Bile.—At the recent meeting of the British Association for the Advancement of Science, Dr. Hughes Bennett, the Chairman of a committee which had been investigating the amount of bile secreted in health and after the administration of mercurials, made a report. The experiments had been conducted on dogs.

Professor Bennett gave the results of four series of experiments as to the amount of bile secreted with and without mercury. In each case the weight of the animal was ascertained, a fistula formed, the amount of food ascertained and analyzed, and the secretion of bile for twenty-four hours measured, and its solids and salts ascertained. Tables were exhibited, in which the results arrived at were estimated in relation to each kilogramme of excrete and of food. The greatest variations were found to exist in the amount of bile secreted daily, independently of the amount of food or other obvious cause. The same fact was observed when mercury was given. No conclusions, however, were drawn, as further researches were required before so intricate and difficult a subject could be sufficiently investigated.

Annual Report of the Massachusetts Charitable Eye and Ear Infirmary.—From the Forty-second Annual Report of this institution, dated September 30th, 1867, we obtain the following statistics:—

Whole number of patients, 3918. No. of patients with disease of eyes, 3017; No. of patients with disease of ears, 901. Males, 2057; females, 1861. No. of patients admitted into infirmary, 338—males, 181; females, 157. There have been 247 operations, of which those for the relief of cataract numbered 36; of which 29 were successful, 5 undetermined, and 2 unsuccessful. Of the 29 recorded as successful, a table gives the amount of vision for distance in 22—all of them could read ordinary type, but in 7 the exact result for distance is wanting, the patient having left before an opportunity was afforded for examining the vision.

Dr. J. V. C. Smith, formerly of Boston, and Dr. J. H. Griscom, of New York, are the successful competitors for the "Prize Essay on the Physical Signs of Longevity," for which $500 was offered some time ago by the American Popular Life Insurance Company. The essays of the gentlemen were so good that the Committee could not determine which was the better, and the prize was awarded to each.—*Medical and Surgical Reporter.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, November 23d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	51	51	102
Ave. mortality of corresponding weeks for ten years, 1856—1866	40.9	38.7	79.6
Average corrected to increased population - - - - -	00	00	87.98
Deaths of persons above 90 - - - - - - - -	0	0	0

Books and Pamphlets Received.—Surgical Operations and Appliances. By Philip S. Wales, M.D., U.S.N. Philadelphia: Henry C. Lea.—Seventy-first Annual Report of the Boston Dispensary.—Twelfth Annual Report upon the Births, Marriages and Deaths in the City of Providence, R. I., for the year 1866. By Edwin M. Snow, Superintendent of Health and City Registrar.—Transactions of the Medical Society of the State of Pennsylvania, at its 18th Annual Session, held at Pittsburg, June, 1867.

Communications Received.—Milk Sickness.—Improved Midwifery Forceps.—Cases of Scarlatina.

Deaths in Boston for the week ending Saturday noon, Nov. 23d, 102. Males, 51—Females, 51. Accident, 3—apoplexy, 1—disease of the brain, 2—bronchitis, 4—cancer, 1—consumption, 17—convulsions, 2—croup, 4—diarrhœa, 1—diphtheria, 4—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 10—typhoid fever, 1—gastritis, 2—disease of the heart, 6—infantile, 2—disease of the kidneys, 1—congestion of the lungs, 3—inflammation of the lungs, 7—marasmus, 4—measles, 1—old age, 1—premature birth, 8—scalded, 1—scrofula, 2—suicide, 1—teething, 1—tetanus, 1—tumor, 1—unknown, 6.

Under 5 years of age, 53—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 81—Ireland, 14—other places, 7.